

BEST AVAILABLE COPY

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)								SERIAL NO.	FILING DATE		
								10-019,119			
								APPLICANT(S)			
CLAIMS								CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	IND.	IND.	IND.
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
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**BEST AVAILABLE COPY**

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